

700439

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	-25-00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	fk		12/01/00

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/01/00
2	✓	✓	12/01/00
3	✓	✓	12/01/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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